

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: <div style="background-color: black; width: 150px; height: 1.2em; margin-top: 5px;"></div>	Submission date:	Contact person (if different than reporter)	Internal ID 1-44170505
Administrative Data	Address: <i>Wisconsin</i>		Address: -019	
	Phone #: <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>		Phone #:	
	Incident Status: <i>New</i>	Location and date of incident <i>Wisconsin</i> <i>05/18/2016</i>	Date registrant became aware of incident: <i>5/19/2016</i>	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) <i>239-2657</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) <i>Glyphosate, Imazapyr</i>	A.I. (s)	A.I. (s)	
	Product 1 Name <i>GroundClear Complete Vegetation Killer (Conc)</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>Yes</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? <i>Yes</i> Intentional misuse? <i>Yes</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) <i>Own Residence</i>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) <i>See Description Notes</i>	
Incident Circumstances	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description</i>			

5/19/2016 11:00:10 AM Ortho Groundclear Vegetation Killer Concentrate
UPC: 71549-04306
2 gallon big black bottle
EPA 239-2657

Hx: Caller used this yesterday at full strength. He reports that the bottle had a problem and leaked and sprayed into his face. He did rinse this off of his face. He feels that he inhaled some of the fumes. He was using this full strength instead of diluting it with water. Last night, he felt the need to use his inhaler and took some allergy and sinus medication. He thought that this was a result of his asthma and allergies. This morning, his chest feels congested and he feels like he cannot take a deep breath. Is it from this product?

A: - Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath. I would expect that this would be minimal with outdoor use and would resolve quickly when you are out of the treated area. I suspect that you have aggravation of allergies/asthma and/or an infectious process - like a cold virus.
- Patients who have underlying respiratory conditions may experience more pronounced symptoms that require medical attention. Inhalers or nebulizer therapy indicated for acute respiratory symptoms may be used in the prescribed manner as symptoms dictate.
- Seek medical attention if the patient's symptoms do not resolve within the next 30 minutes. If the patient develops shortness of breath or difficulty breathing, call 911.
- Please call back with any additional questions or concerns.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown Adult (18-64)</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Dermal Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>On-site</i>	List signs/symptoms/adverse effects. <i>Congestion, 24 hrs or less; Other Respiratory - hard time taking a deep breath, 24 hrs or less; Sinus discomfort, 24 hrs or less;</i>	If lab tests were performed, list test names and results (If available, submit reports). <i>Not Reported</i>	
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1-44170505